

**PUBLIC HEALTH AND MEDICAL (CALIFORNIA EMERGENCY SUPPORT FUNCTION 8)
SITUATION REPORT
2018 OPIOID EPIDEMIC**

DATE OF REPORT: October 2, 2018

OPERATIONAL PERIOD: 3

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)

New information from last month's MHCC Situation Report is highlighted in yellow

EXECUTIVE SUMMARY

The Medical and Health Coordination Center (MHCC) continues to be activated in response to the Opioid Epidemic. The California Department of Public Health (CDPH) and Department of Health Care Services (DHCS) are currently the departments within California Emergency Support Function 8 (CA-ESF 8) reporting on this activation, which started on July 10, 2018. The MHCC is coordinating with CDPH programs, which are reporting state and local data to provide a comprehensive picture of opioid prevention-related activities in California.

In 2014, CDPH created a statewide Workgroup, now called the Statewide Opioid Safety Workgroup to build a comprehensive approach to address the opioid issue in California. The Maternal/Neonatal Opioid Task Force was formed in the latter part of 2017 as a subcommittee of the larger interagency Statewide Opioid Safety Work Group in recognition of the specific opioid-related needs of pregnant women and their infants. The Task Force includes membership from CDPH (including Maternal Child and Adolescent Health, Safe and Active Communities Branch, Sexually Transmitted Diseases Control Branch), DHCS (which includes Medi-Cal Managed Care, Integrated Systems of Care Division, Director's Office, as well as the Substance Use Disorder Compliance Division), the California Health Care Foundation, Department of Social Services, California Perinatal Quality Care Collaborative and others. The task force provides feedback from multiple Departments on opioid-related projects.

DUTY OFFICERS ON CALL

Table 1. Duty Officers on Call		
CDPH Duty Officer	Name/Contact Information	Bonnie Sanders: 916-437-8158
EPO Duty Officer	Name/Contact Information	Jerry Fuhrman: 916-869-6648
EMSA Duty Officer	Name/Contact Information	Jody Durden: 916-698-8008

EMERGENCY DECLARATION AND PROCLAMATION OVERVIEW

Table 2. Federal Declarations/State and Local Proclamations	
Region / State	Proclamation / Declaration
Region	None
State	None
Federal	None

STATE AND REGION EMERGENCY ACTIVATIONS

Table 3. State/Region Activation Level Overview	
Region / State	Activation Level
State Operation Center (SOC)	Not activated
Cal OES REOCs	Not activated
MHCC	Activated at Level 3 (Low)

DHCS CURRENT OPERATIONS

DHCS Substance Use Disorder Services Division

DHCS was awarded a new \$140 million grant on September 30, 2018 from the federal Substance Abuse Mental Health Services Administration to help fight opioid abuse in the state. The two-year State Opioid Response grant will support [25 projects](#) involving treatment, prevention activities and educational campaigns that target specific populations and regions with the highest overdose rates. While the state's overdose death rate (4.49 per 100,000 people) is below the national average, there are a number of rural counties whose rates exceed the national average: Modoc (23.78), Humboldt (20.99), Lake (15.19), Mendocino (13.47), Yuba (13.37), Del Norte (12.68), Shasta (12.13), Lassen (11.90).

The new efforts will build upon activities that began under a \$90 million, two-year federal grant awarded in 2017, including the California [Hub and Spoke System](#), [Tribal Medication Assisted Treatment Project](#), and [Emergency Department Bridge Program](#). The new funding will help to coordinate efforts in settings such as hospitals, county offices and criminal justice settings. Another goal of the grant is to help eliminate the stigma associated with addiction and the myths surrounding medication-assisted treatment.

DHCS Opioid Abuse Prevention and Misuse Workgroup

On October 16, 2018, the workgroup will review its charter metrics, which currently include Medi-Cal buprenorphine and naloxone claims; state overdose mortality; Medi-Cal beneficiaries on concurrent use of opioids and benzodiazepines; and Medi-Cal beneficiaries using opioids at high dosage without cancer. The DHCS Opioid Abuse Prevention and Misuse Workgroup meets monthly to address issues on opioid prevention and misuse through: (1) the sharing of departmental updates on research, data, grants, policy, and current opioid issues; and (2) the ongoing development, implementation, and evaluation of policies and programs to reduce opioid-related morbidity in populations served by DHCS. CDPH is also represented on the workgroup.

CDPH CURRENT OPERATIONS

The Medical and Health Coordination Center (MHCC) continues to monitor public health and medical impacts from the Opioid Epidemic and remains in ongoing communication with CDPH programs.

Center for Infectious Diseases

CDPH Center for Infectious Diseases (CID) is addressing the opioid epidemic directly by distributing naloxone to programs serving persons at highest risk for opioid overdose and promoting Medication-Assisted Treatment (MAT) for opioid use disorders. Additionally, through CDPH/Office of AIDS (CDPH/OA) and CDPH/Office of Viral Hepatitis Prevention (CDPH/OVHP), CID is addressing the infectious disease consequences of the opioid epidemic through hepatitis C and Human Immunodeficiency Virus (HIV) surveillance, funding prevention efforts and increasing local capacity to monitor, prevent and respond to infections related to increased injection of opioids.

State Opioid Safety Work Group

CDPH/OA and CDPH/OVHP staff participate in the state Opioid Safety Work Group, contributing more than 20 years of experience working on issues related to opioids, injection drug use, and infectious diseases.

Syringe Exchange Programs

CDPH/OA primarily addresses opioid and other health issues for people who use drugs through efforts to build public health services, capacity, and supportive policy for harm reduction programs. Much of this work focuses on expansion of syringe exchange programs (SEPs), which not only provide sterile injection equipment to reduce infectious disease transmission, but serve as drug user health hubs providing a range of other services. These include overdose prevention education and naloxone access, linkage or direct provision of physical and mental health care and substance use disorder treatment, and a variety of social services. CDPH/OA regularly collaborates in this work with CDPH/OVHP, Safe and Active Communities Branch (SACB), and Sexually Transmitted Disease (STD) Control Branch, and the Department of Health Care Services (DHCS).

During the previous quarter of 2018, CDPH/OA activities have included:

- Authorization of new SEPs in Alameda, Merced, and Plumas counties. In addition, CDPH/OA is currently reviewing applications for expanded SEP programs in Humboldt, Orange, and Sacramento counties, which increased the total number of authorized programs to 45, the most of any U.S. state.
- Direct provision of technical assistance to local health departments and community based organizations to develop new SEPs and naloxone access programs in Butte, El Dorado, Humboldt, Lassen, Mono, Nevada, Orange, Riverside, Sacramento, San Diego, San Joaquin, Santa Cruz, Solano, Stanislaus, Siskiyou, Tuolumne, and Yuba counties.
- Developed requirements and standards for supporting the expansion of syringe services in 20 local health jurisdictions funded through the Integrated HIV Prevention and Surveillance grant program.
- Supported Harm Reduction Coalition, the national capacity building and policy organization serving harm reduction programs, will develop a series of new training resources for California programs and conduct a needs assessment among California SEPs that will be published in the current quarter.
- Participation in the Statewide Opioid Safety task force. CDPH/OA staff also co-chair the SOS task force treatment committee, which coordinates efforts to increase access to

medication for opioid use disorder and community distribution of naloxone for opioid overdose reversal.

HIV and Hepatitis C Virus Prevention Programs

State

- The California Department of Public Health, Office of Viral Hepatitis Prevention recently published a new infographic on connecting the dots between recent increases in opioid use and hepatitis C rates among young people in California. The infographic can be accessed at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/HepatitisC.aspx> or https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/HepCYoungAdults_infographic.pdf

Local

- On August 28-29, 2018, representatives from the CDPH CID, CDPH OA and CDPH OVHP attended the Northern Sierra Opioid Coalitions meeting in Plumas County. CDPH staff participated in panel discussions on harm reduction and presented an interactive workshop on how to respond to objections to harm reduction. More than 150 people attended the summit, mostly from rural counties across Northern California.

Communicable Disease Surveillance and Related Technical Assistance

CDPH/OVHP is conducting a pilot project with 11 local health jurisdictions with high and/or increasing rates of hepatitis C or opioid overdose among young people ages 15-29 (in Humboldt, Imperial, Kern, Lake, Mendocino, Monterey, Orange, Placer, Riverside, San Luis Obispo, and Santa Cruz Counties). The project aims to:

- Describe the demographics, clinical symptoms, and risk history in a convenience sample of reported cases of acute and chronic hepatitis C in a high-risk age group (age 15-29) in approximately 10 local health jurisdictions in California.
- Provide actionable data to support the Federal Health and Human Services (HHS) action plan to reduce hepatitis C caused by drug use behaviors and determine whether hepatitis C infection in young people is associated with recent injection drug use.
- Assess access to preventive services among a sample of reported hepatitis C cases and counties in California to inform the development of statewide syringe exchange and other preventive service efforts.

Provider Training and Education

State

In 2016 and 2017, CDPH/OVHP presented information on HIV and hepatitis C testing best practices in alcohol and drug treatment settings at the DHCS Substance Use Disorders Conference. The presentations also covered the intersection between opioids and infectious diseases, including the importance of MAT in prevention of hepatitis C among young people who inject drugs (by providing stable opioid therapy and reducing the frequency of drug injection).

CDPH/OVHP and CDPH/OA provide technical assistance to support federally qualified health centers and other clinical and community-based partners to encourage them to integrate naloxone into their services.

CDPH/OVHP staff provide technical assistance to the Department of Education on policies affecting K-12 education, including reviewing the state health education framework and offering suggestions for how to promote medically accurate, age-appropriate, non-judgmental content related to drug use and prevention of HIV, sexually transmitted diseases, and viral hepatitis.

CDPH/OVHP staff provide training and technical assistance to health care providers on how to better serve people who inject drugs in primary care settings, including by offering integrated preventive and care services for opioid use disorder and hepatitis C infection.

Local

CDPH/OA and CDPH/OVHP regularly respond to requests to participate in local coalitions related to opioids and infectious diseases, and to present at local meetings and conferences.

Data points

In June 2017, the CDPH Office of Public Affairs released a press release highlighting increased rates of hepatitis C among young persons in California, which rose 50% among persons ages 15-29 between 2011 and 2015. CDPH believes these increases are likely due to increased opioid use among young people, in part because there was a concurrent increase in heroin-related emergency department visits. This number increased 41% among persons ages 20-29 between 2007 and 2015. Young people with hepatitis C are more likely to have been recently infected, and two-thirds of new hepatitis C infections nationwide are related to injection drug use. Together, increases in heroin-related emergency department visits and increases in hepatitis C infections among young people suggest that more young people are transitioning to injection drug use, including of heroin, fentanyl, and other opioids. In 2015, 7% of new HIV infections in California were among people who inject drugs (PWID), which suggests PWID do not have access to effective preventive services.

Timelines

State

- CDPH/OVHP received a request for technical assistance from Aegis treatment centers, which are funded by DHCS to implement “Hub & Spoke” medication assisted treatment projects on how to respond to naloxone requests from multiple parties. In response, OVHP consulted with the Harm Reduction Coalition and other partners to compile a draft table listing options for accessing naloxone for various stakeholders. The California Health Care Foundation (CHCF) has offered to adapt such information into a fact sheet which will be published on CHCF’s website and disseminated through opioid-focused e-newsletter.
- CDPH/OVHP has begun the process of hiring an epidemiologist to coordinate the development of assessment of county-level vulnerability to an outbreak of HIV, hepatitis C, and overdose similar to that which occurred in Scott County, Indiana. The project is funded through August 2019 via a one-time Centers for Disease Control and Prevention (CDC) Opioid Crisis Cooperative Agreement.

Local

- *The Opioid Crisis & Related Public Health Issues in the Rural Northern Counties: A Summit to Discuss Solutions, February 5-6, 2018, Santa Rosa: CDPH/OVHP staff presented an overview of viral hepatitis epidemiology in California. CDPH/OA staff presented updates on fentanyl use and trends, and described lessons learned from the Scott County, Indiana HIV/hepatitis C outbreak related to injection of opioid pills, such as OxyContin.*
- *California Opioid Summit, Chico, California, May 22, 2018: At the invitation of the conference organizers, CDPH/OVHP staff presented on the secondary consequences of the opioid epidemic, with an emphasis on HIV and hepatitis C.*
- *Tools and Strategies for Rural Opioid Work, Northern Sierras Opioid Coalition August 28-29, 2018: Representatives from the CDPH CID, CDPH OA and CDPH OVHP attended the Northern Sierra Opioid Coalitions meeting in Plumas County. CDPH staff participated in panel discussions on harm reduction and presented an interactive workshop on how to respond to objections to harm reduction. More than 150 people attended the summit, mostly from rural counties across Northern California.*

Center for Family Health (CFH)

The Center for Family Health (CFH) Maternal, Child and Adolescent Health (MCAH) Division sits on many workgroups and committees to ensure the needs of the maternal and child health population are being met. This includes representation on:

- Statewide Opioid Safety Workgroup and Opioid Communications subgroup
- Active participation on the newly formed (2017) Maternal/Neonatal Opioid Task Force
- Council of State and Territorial Epidemiologists (CSTE) Neonatal Abstinence Syndrome (NAS) Subcommittee to develop a standardized epidemiologic definition of NAS
- Opioid presentations/discussion at local MCAH Directors meeting (May and Oct 2017)

MCAH surveyed its directors to determine their opioid challenges, efforts and needs. The following counties participated: Amador, Butte, Calaveras, Fresno, Kings, Merced, Modoc, San Benito, San Francisco, San Joaquin, San Mateo, Santa Barbara, Solano, Stanislaus, Trinity, Tulare, Tuolumne, Yuba

- Of the 18 Local Health Jurisdictions (LHJs), 83% responded that they need training for staff. Training requests include:
 - Basic information about opioids and effects on fetus during pregnancy, strategies on how MCAH can work with other stakeholders (providers, child protective services, substance use programs) to develop safe care plan for family.
 - Public health best practices around prevention and education messaging to the public
 - Pathology, signs and symptoms of Neonatal Abstinence Syndrome (NAS), how to care for a newborn with NAS
 - How to set up a task force
 - Opioid addiction on expectant moms and the effect on the infant (and family)
 - How to assist addicted mothers meet their child's developmental needs
 - The history of the opioid epidemic
 - What is affecting our area? What our process and responsibility is. What are other counties doing?

- Preventing Adverse Childhood/Adolescent Experiences for Opioid Misuse & Addiction
- Evidence based programs or strategies that would be useful in addressing the substance use (both opioid and methamphetamine) issues in rural settings, would be helpful.
- Additional information/strategies on how to work with clients who are using in order to help move them toward a healthier lifestyle.
- 7 out of 18 LHJs participated in local stakeholder meetings about opioids in the past quarter.
- 9 out of 18 LHJs participated in an opioid training in the past quarter.
- 66% said there is a need to train local healthcare providers/prescribers in the community and partners who work with families and provide case management.
- LHJs identified educational and outreach materials such as handouts, brochures, social media posts, videos and applications.
- Butte County is sponsoring two sites to participate in the Partnership training “New Paradigm in Addressing Opioid Exposure in Pregnancy” scheduled on October 1st, 2018.

MCAH conducts ongoing surveillance of NAS among California newborns using Office of Statewide Planning and Development (OSHPD) patient discharge data. MCAH also conducts ongoing surveillance of resident California women hospitalized for labor and delivery with a drug use diagnosis using OSHPD patient discharge data. Drug types include opioids, cannabis, cocaine and amphetamines.

Center for Health Statistics and Informatics (CHSI)

State: The Center for Health Statistics and Informatics (CHSI) is in the process of forming an Analytics Services Unit (ASU) that includes six positions. The ASU will provide augmented analytics capability for CDPH, including a predictive analytics capacity to help identify correlations among opioid-related data and other datasets to produce actionable information for public health officials, clinicians, researchers, and stakeholders.

Timeline

A timeline for CHSI-related activities is below:

- August-September 2018: Onboard six positions within the ASU
- October 2018-January 2019: Implement analytics software and train ASU staff
- February-April 2019: Operationalize unit, begin offering predictive analytics services to CDPH programs for opioid-related data research
- May-August 2019: Evaluate ASU outcomes, goals, and workflows for operational quality improvement

Center for Healthy Communities, Safe and Active Communities (SAC) Branch

State

The Opioid Epidemic statistics below were reported from CDPH Center for Healthy Communities, Safe and Active Communities Branch (SACB) as of Friday, July 20, 2018. The

MHCC will continue to compile information gathered from CDPH centers and programs on a monthly basis as they continue to monitor the Opioid Epidemic.

- The rate of prescriptions dispensed in California has dropped 17% from 607 per 1,000 residents in 2010 to 508 per 1,000 residents in 2017.
- The total number of prescriptions dispensed in California has dropped 5% from 23 million in 2010 to 21.8 million in 2017.
- The average Morphine Milligram Equivalent (MME) decreased 40% from 693 MME per resident per year in 2010 to 421 per resident per year in 2017.
- Heroin related overdose deaths have increased 65% since 2012 from 361 (.91 per 100,000) to 594 (1.43 per 100,000) in 2017.
- Fentanyl related deaths have shown an even steeper increase of 355% from 82 in 2012 to 373 in 2017.

The Director's Statewide Opioid Safety (SOS) Workgroup continues to be the coordinating body for the statewide opioid prevention effort including all CDPH programs/branches. The next SOS meeting is scheduled for Tuesday, October 23, 2018. The SACB Prescription Drug Overdose Prevention (PDOP) Initiative continues to implement activities under the Centers for Disease Control and Prevention (CDC) Prevention for States and Enhance Surveillance grants. Recent activities include:

- Providing support and technical assistance to local Opioid Safety Coalitions. Closing out second year with coalition grants and finalizing budgets and reviewing final invoices.
- Preparing coalition webinar on public education media campaign for high burden rural northern California counties. The webinar is scheduled for November 1, 2018 in collaboration with partners at the Center for Health Leadership and Practice to help roll out the campaign.
- Continuing to offer support to trained Academic Detailers, including new and improved tracking logs and revamping SACB's internal master tracking tool.
- Task Force Meetings: Treatment Task Force met on September 27, 2018 to prioritize objectives for the next year. Data Gathering Task Force will be meeting October 3, 2018 and Maternal/Neonatal Opioid Task Force will be meeting November 7, 2018.
- CDPH is working with the California Primary Care Association (CPCA) to fund eight practitioners to participate in a 10-month multidisciplinary, evidenced-based educational program for advanced training in the safe and effective management and treatment of chronic pain in the primary care setting. Entitled, Train the Trainers: Primary Care Pain Management Fellowship, the curriculum targets the most frequently encountered issues in primary care pain management with a significant emphasis on addressing the epidemic of opioid addiction and responsible opioid prescribing. In addition, the fellowship offers MAT Waiver Training for physicians and advanced practice clinicians to qualify for waiver application to prescribe buprenorphine for the treatment of opioid use disorder.
- Funding was provided to the California Primary Care Association (CPCA) to support safety net practices with established Medication Assisted Treatment (MAT) programs to refine and expand their programs through coaching by industry experts. Eleven health centers across the state were matched with nationally recognized coaches with subject matter expertise in various elements of MAT, including clinical prescribing, treating co-occurring pain and addiction, establishing programmatic elements like policies and procedures and system transformation.

- Conducting an Academic Detailing (AD) training in November 2018 for AltaMed LA health plan to implement AD plan wide. To date 5 trainings have been conducted with ~ 70 attendees trained from 8 Counties and 30 Health Plans/Payer Systems. 130+ AD Sessions completed to date.

Local

- PDOP staff are participating in multiple Opioid Safety Coalition summits/conferences including:
 - The Changing Face of the Opioid Epidemic (Marin, 9/12/18), Sacramento Opioid Awareness Summit (Sacramento, 9/12/18)
 - The Opioid Epidemic: State, County, and Clinic Level Efforts and Implications (Los Angeles, 9/21/18)
- PDOP staff, along with partners at Department of Health Care Services Substance Use Disorder Branch, presented opioid information at the Los Angeles conference.

Data Points

2017 California Opioid Overdose Surveillance Dashboard Data

- Opioid Overdose Deaths: 1,882
- Fentanyl Overdose Deaths: 373
- Opioid (excluding heroin) Overdose Emergency Department Visits: 4,281
- Opioid Prescriptions: 21,787,042

State

- Staff presented data updates to multiple conferences and coalition summits listed above
- Preparing final 2017 opioid overdose death file to replace the preliminary 2017 data on the California Opioid Overdose Surveillance dashboard
- Compiling and preparing 1st quarter 2018 data for uploading to the California Opioid Overdose Surveillance Dashboard
- New dashboard data update expected mid-November to include final 2017 death data and first quarter 2018 death, emergency department and CURES (prescriptions) data

Local

- Local utilization of the California Opioid Overdose Surveillance Dashboard continues to increase. The County Reports have been used in several of the recent local coalition conference presentations. PDOP continues to provide phone and one-on-one Technical Assistance to local health departments and coalitions on the use of the dashboard and other data issues.

Timelines

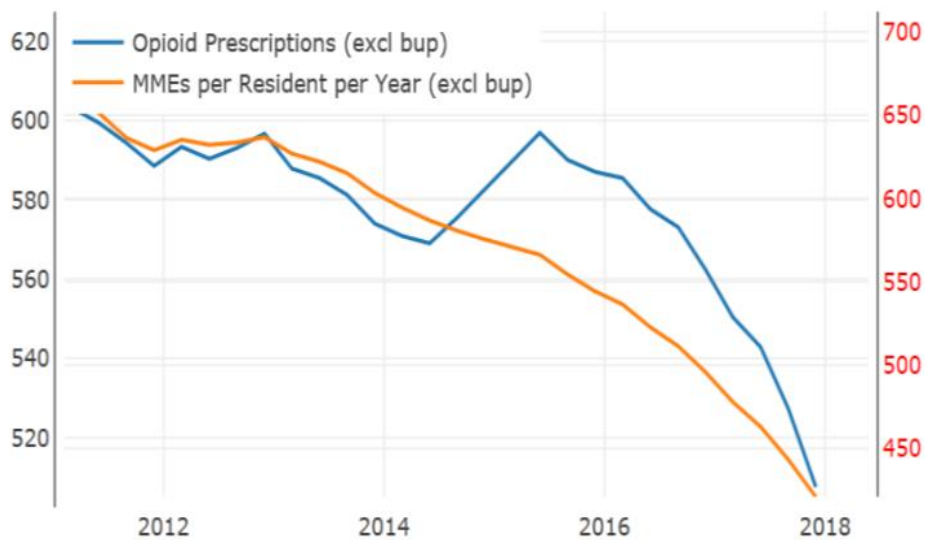
State

- New 1st quarter 2018 data to be uploaded by mid-November

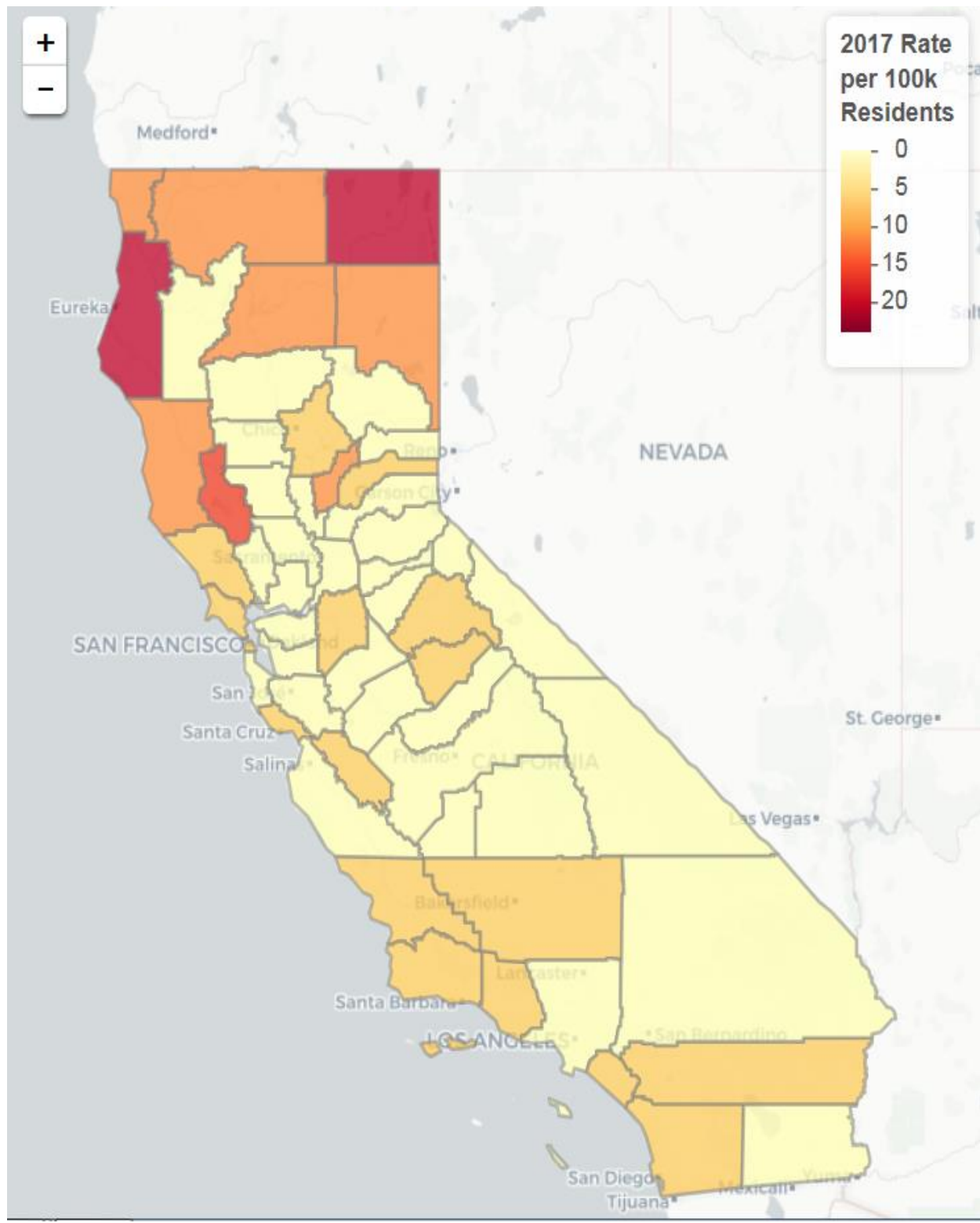
Local

- Local opioid safety coalition annual progress reports due September 28, 2018

Opioid Prescriptions Related to Morphine Milligram Equivalents (MME) for California Residents



Counties Participating in Prescription Drug Overdose Prevention (PDOP) Initiative Opioid Safety Coalitions



Strategic Development and External Relations (Fusion Center)

The Fusion Center (FC) focuses on identifying processes and developing resources to support departmental efforts to assess and respond to issues of emerging public health significance, including the opioid epidemic. The FC has provided support for facilitation, strategic planning, policy analysis, and partner engagement for comprehensive opioid misuse and overdose prevention efforts in collaboration with CDPH program partners. The FC has provided assistance with:

- Continued collaboration with Safe and Active Communities Branch (SACB), Prescription Drug Overdose Prevention Program (PDOP) on planning and facilitation of the Director's Statewide Opioid Safety (SOS) Workgroup
- Hired the Emerging Issues Coordinator to specifically focus on opioid research and program projects
- Current collaboration with the Director's Office on the implementation of the CDC Opioid Crisis Cooperative Agreement grant
- Initiated and facilitate an internal workgroup to develop a statewide real-time surveillance system

Timelines

- December 31, 2018: Let's Get Healthy California updated State Health Assessment and Improvement Plan metrics posted, including new substance use indicator

Office of Public Affairs (OPA)

Media Contacts of Note

- Kaiser Health News is working on a story to give a picture of the opioid epidemic in Santa Cruz county and how it compares to other counties in the state.
- KNBC-TV (NBC/Los Angeles) reported that California has consistently shown lower rates of opioid related overdose deaths than the rest of the country. As the epidemic has evolved, California has worked to adapt its interventions and response with the following measures:
 - Reduced the number of opioid prescriptions
 - Made fentanyl test strips available to local partners
 - Provided naloxone (Narcan) to local health departments to be distributed locally to local harm reduction programs, first responders and others
 - Issued a statewide standing order to help facilitate the distribution and administration of Naloxone
- The Orange County Register asked the Statewide Opioid Safety Workgroup's Maternal and Neonatal Taskforce to address maternal and neonatal opioid exposure.
- California Opioid Overdose Dashboard provides counts of opioid overdose related non-fatal incidents for the state as a whole and individual counties. However, MedPage is looking to find data on hospital admissions and emergency departments visits for opioid overdoses.

USEFUL LINKS

[Statewide Opioid Safety \(SOS\) Workgroup](#)

[Naloxone Grant Program](#)

[California Opioid Overdose Surveillance Dashboard](#)

[Naloxone Statewide Standing Order](#)